



HEALTHY FUTURES

*Reducing Barriers
to Primary School
Completion for
Kenyan Girls*

Population Communication Services

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Reducing Barriers to Primary School Completion for Kenyan Girls

Elizabeth Thomas

September 2002



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Acknowledgments

In response to a need for increased cross-sectoral programming in the population field, the Johns Hopkins University Center for Communication Programs (JHU/CCP) Population Communication Services (PCS) created the Healthy Futures project. Healthy Futures used a participatory approach to mobilize communities around the issue of primary school dropout among girls in Kenya. This approach led to the creation of school-based girls' clubs that provided reproductive health information and guidance. The project also identified adult role models to promote the benefits of girl's education among parents and the community.

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1 Introduction



Many people consider girls' education to be one of the best investments in international development. An association exists between improvements in national development indicators and an increase in the number of girls receiving formal schooling, independent of improvements in academic quality (Rugh, 2000).¹ Women who complete their education are more likely to lead productive lives, support their families, take good care of their children, and practice healthy behaviors than women with little or no education. Because of these benefits, strong interest exists in girls' education programs, specifically within the global reproductive health sector. Reproductive health programs identified the importance of educating young girls before their sexual debut through participatory, community-based approaches.

Globally, girls represent 60 percent of all out-of-school children (USAID, 1998).² In some countries, girls' initial enrollment rates are lower than those of boys, indicating barriers to access. In other countries, such as Kenya, initial enrollment rates are roughly equal, but as girls enter their adolescent years, they drop out at faster rates than boys.

Poverty is a primary reason girls, as well as boys, drop out of school. However, girls also drop out for other reasons directly or indirectly related to reproductive behaviors. Some of these other reasons include early marriage, sexual maturity (whereupon girls and/or their parents believe they no longer need to attend school because they are of marriageable age), pregnancy, low self-confidence (in that girls are unable to resist sexual pressures), and sexual harassment by male teachers and boys. Girls may also drop out of school because they feel uncomfortable if they are in their teenage years in primary school. Girls are often older than their male counterparts, because girls usually start school at a later age and may repeat grades due to the difficult curriculum or having to perform household chores in lieu of schoolwork. In addition, parents place a low value on girls' education, which contributes to their increased drop out rate. Girls who cannot overcome these barriers are often denied the chance to enjoy healthy and productive adult lives.

Developed in Kenya, the Healthy Futures project was an attempt to reach young girls and their parents with information about the importance of educating girls and the relationship between

¹Rugh, A. (2000). *Starting now: Strategies for helping girls complete primary*. SAGE Technical Report No. 1. Washington, DC: The Academy for Educational Development.

²USAID. (May 6-8, 1998). *Educating girls: A development imperative*. Conference Report. Washington, DC.

education and reproductive health behaviors. The Population Communication Services (PCS) launched the Healthy Futures project in April 1998 with funding from the United States Agency for International Development (USAID). The Maendeleo Ya Wanawake Organization (MYWO) implemented and managed the project with technical assistance provided by The Academy for Educational Development (AED). The Rockefeller Foundation provided funding for the continuation and expansion of the Healthy Futures project after PCS support ended in June 2000.

Healthy Futures aimed to reduce the drop out rate among Kenyan girls in primary school (equivalent to U.S. grades one through eight) in 31 communities in five districts. The project guided community members to address barriers

young girls face in completing primary education and devise solutions to those barriers. The main intervention was the creation of girls' clubs in each of the project's primary schools. Under the guidance of teachers and role models, girls in these clubs had the opportunity to choose and implement income-generating activities (IGAs) and take part in a curriculum that included sessions on career choices, relationships, and reproductive health. The project also introduced girls' education as a theme in two national music festivals. Although the full impact of Healthy Futures has yet to be evaluated, lessons learned to date can benefit other organizations currently working with girls' education and reproductive health issues. This report describes the Healthy Futures activities and lessons learned from April 1998 to June 2000.

2 The Healthy Futures Project



The goal of Healthy Futures was to reduce barriers to primary school completion among Kenyan girls, with a special emphasis on barriers related to reproductive health behaviors. The project included 31 communities in the districts of Bungoma, Kilifi, Koibatek, Kuria, and Nairobi (Kibera and Makuru slums). Four of the chosen districts had high drop out rates among girls, and Bungoma was a focus district of USAID.

The objectives of Healthy Futures were as follows:

- To raise awareness in communities about the relationship between reproductive health behaviors and primary school drop out rates among girls,
- To strengthen the ability of communities to identify and implement activities to reduce the high primary school drop out rate among girls,
- To improve parental attitudes toward girls' education, and
- To increase the value girls place on their education and motivate them to stay in school.

MYWO, the local implementing agency, is Kenya's largest women's organization, with more than 2 million members and a grassroots network extending across the country. Established in 1952, MYWO works to improve the status of women and girls through programs in reproductive health, HIV/AIDS, and women's development.

Interventions

PARTICIPATORY LEARNING AND ACTION ACTIVITIES

To involve the communities in the project design, Healthy Futures implemented a set of Participatory Learning and Action (PLA) exercises. PLA is a process that allows communities to identify their problems and devise solutions. It uses qualitative and visual techniques such as mapping, diagramming, card sorting, and interviewing.

Five MYWO field workers and their supervisors received training to facilitate PLA activities with men, women, teachers, primary school students, and out-of-school youth in each community. The field workers made several visits to each of the 31 communities and used a total of 10 to 15 PLA exercises in each community. The exercises sought to explore community members' perceptions of girls' education and reproductive health behaviors, with special emphasis on their relationship to girls' primary school drop out rate.

Each field worker was responsible for implementing the PLA activities in six or seven communities and completing all activities in one community before going to the next. This process took a total of six months to implement because of the need to work around Kenya's primary school calendar, which includes several weeks each for three exam periods and vacations per year.

GIRLS' CLUBS

Healthy Futures' main intervention was creating a girls' club in one primary school in each of the 31 communities. All girls aged 10 and older were invited to join. During the first two years of the project, over 2,000 girls—about half of all girls in the project schools—enrolled in 31 clubs. Chosen by the headmaster, two teachers per school ran the clubs. Each school also created girls' club advisory committees. The committees consisted of the headmaster, the two girls' club teachers, two parents, two girls' club members, and the MYWO field worker.

INCOME-GENERATING ACTIVITIES

Each club received a seed grant of 20,000 Ksh (approximately U.S. \$340 at the time of disbursement) to launch an IGA for the girls to implement. Profits from these small-scale activities were to help girls with lesser expenses such as uniforms or books, rather than larger expenses such as school fees.

Through an options assessment exercise, MYWO field workers helped girls in each club choose feasible IGAs. During the exercise, girls and teachers in each club ranked proposed activities according to cost, implementation time, sustainability, earning potential, and time needed to produce a profit. Teachers also received training in basic bookkeeping,

costing, pricing, and marketing. The types of IGAs selected varied as follows:

- Selling stationery and plastic containers to school students,
- Cooking and selling snacks to school students,
- Making and selling handicrafts,
- Growing and selling crops such as maize and beans, and
- Raising and selling poultry and livestock.

CHOOSE A FUTURE! CURRICULUM

To address the need for guidance and counseling in adolescent issues, teachers received training in a curriculum called *Choose a Future!*³ This holistic curriculum, designed specifically for girls, comprised 12 modules, each lasting five or six sessions. The modules covered a wide range of topics including goal setting, career choices, relationships, reproductive health, and child rights. The girls' clubs began using the curriculum in mid-2000 with the goal of implementing one session during each of the club meetings.

ADULT ROLE MODELS

Each community chose a respected, usually female, adult to sensitize parents about the value of girls' education and the importance of communicating with

³ Developed by the Centre for Development and Population Activities (CEDPA), Washington, D.C.

their children about reproductive health issues. Role models had to meet the following criteria:

- S/he had to have educated children,
- S/he had to be well-respected and accepted by the community, and
- S/he had to be willing and available to participate in the project.

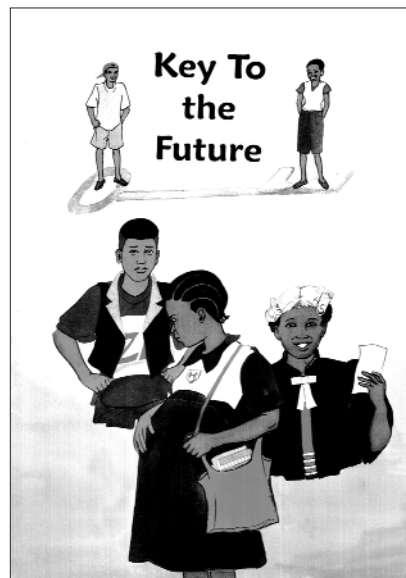
Role models received a brief training in reproductive health to prepare them for their participation in the project. They conducted presentations at community and school gatherings, provided one-on-one guidance to parents, and served as resources for girls.

KEY TO THE FUTURE COMIC BOOK

The project produced a comic book focusing on girls' education and reproductive health issues. It was subsequently

printed and distributed with funding from the Australian Agency for International Development and the Rockefeller Foundation. *Key to the Future* told the story of two primary school girls whose lives took different turns after they were forced to make decisions about "proving their love" to their boyfriends. One girl refused to have sex, studied hard in school, and became a judge. The other girl got pregnant, dropped out of school, and turned to a life of crime.

The main message of the story was that girls should protect their futures by staying in school and postponing sexual activity. Teachers and students used questions at the end of the comic book for discussion. Healthy Futures schools and other primary schools in the same districts received about 10,000 comic books to distribute to their students.



NATIONAL FESTIVALS

To increase community support for girls' education, MYWO sponsored a new theme entitled *Educating the Girl Child* and incorporated it into two annual nationwide events—the National Music Festival and the National Music and Cultural Festival. The National Music Festival is a competition of choirs from primary and secondary schools, whereas the National Music and Cultural Festival involves community, church, and workplace choirs. Individual schools and

choirs from every district in the country compete in these huge government-sponsored festivals. Only the best make it to compete at the national level, but the goal of MYWO in sponsoring the new theme was to increase nationwide awareness of the importance of girls' education. It was not required for schools participating in the Healthy Futures project to compete in the festivals. However, to acknowledge the effort of those schools that did compete, MYWO awarded trophies for the best girls' education songs in both festivals.

NATIONAL AND DISTRICT ADVISORY COMMITTEES

Advisory committees, established at both national and district levels, provided guidance for Healthy Futures activities and helped build linkages with other programs. The committees, which aimed to meet on a quarterly basis, included representatives from various Ministries, NGOs, and international agencies working on issues concerning young girls.

3 Documentation of Experiences



An independent consultant analyzed and compiled the results from the initial PLA activities at the beginning of the project, which served as formative research. PLA activities helped community members identify problems and propose solutions surrounding girls' drop out rate from primary school. Based on the findings from the PLA activities, Healthy Futures developed various components for the project.

Overall, the communities were receptive to the PLA exercises and, as a result of their participation, were also supportive of Healthy Futures. The PLA exercises revealed the following community members' perceptions of girls' education and reproductive health issues.

The most commonly mentioned problems regarding girls' education were poverty, pregnancy, and lack of guidance and counseling.

- Approximately one-third of the perceived reasons why girls drop out of primary school related to reproductive health behaviors. The remaining reasons related to poverty, families, schools, and social influences (see Box I).
- During an exercise in which school children identified classmates who dropped out in recent years, results showed girls were most likely to leave school due to early marriage, pregnancy, and class repetition.

Interviews with 59 girls who dropped out of school, however, revealed that 61 percent were forced to leave school because their parents could not afford the costs. Another one-third of them dropped out because their parents were not able to help them with schoolwork.

I. CAUSES OF PRIMARY SCHOOL DROP OUT AMONG GIRLS & BOYS

Reproductive health-related causes (32 percent)

- Forced/early marriages
- Pregnancy/early maturity/love affairs
- Lack of guidance/counseling/role models
- Traditional beliefs (i.e., female circumcision)
- Sanitary needs (embarrassment caused by menses)

Poverty-related causes (23 percent)

- Need to earn money
- School fees
- Lack of uniforms
- Food scarcity

Family-related causes (19 percent)

- Parents uninformed of the benefits of educating girls
- Parental mistreatment
- House chores
- Polygamy (inability to support education of girls in families with many wives)
- Single/divorced parents

School-related causes (14 percent)

- Starting school at a late age
- Repetition
- Distance
- Punishment/harassment by teachers

Societal causes (12 percent)

- Bad company/peers
- Drugs
- Lack of Discipline

(Data from pie chart exercises)

Community members proposed the following solutions to deal with girls' education problems:

- guiding and counseling girls in matters related to adolescence,
- sensitizing the community to the importance of educating girls,
- implementing IGAs, and
- identifying role models and finding sponsors (i.e., to pay for school fees).

Both the perceived problems and proposed solutions pointed toward the need for a multifaceted program strategy—one that Healthy Futures incorporated by addressing reproductive health issues, financial constraints to girls' education, and the importance of girls' education.

During the first two years of the project, monitoring information, anecdotal evidence from field workers, and a mid-term process evaluation indicated Healthy Futures had a positive effect on retaining girls in school and making community members aware of the importance of girls' education (see Box II). When support for the first two years of the project ended, it was too early to conduct a formal impact evaluation. Nonetheless, documenting the experiences and lessons learned during those two years could benefit MYWO and other organizations working with girls' education and reproductive health issues. To that end, Healthy Futures hired Women Educational Researchers of Kenya (WERK), a local research organization, to visit the project sites and document the perceptions and experiences of community members about the project.

A WERK researcher, accompanied by

the Project Coordinator from MYWO, visited 15 of the 31 Healthy Futures communities. Three communities in each of the five districts selected for visiting included two that did well implementing the project and one that encountered problems (according to the perceptions of MYWO field workers and the Project Coordinator).

Within each community, key informants gathered information from people in various ways:

- Interviews with 32 teachers in charge of girls' clubs.
- Focus group discussions with 152 girls' club members.
- Interviews with 14 adult role models.
- Focus group discussions with 86 parents of girls' clubs members.

The WERK researcher also interviewed MYWO field workers in each district and the Project Coordinator.

II. ANECDOTAL EVIDENCE OF CHANGE

INCREASES in number of girls enrolled in schools

DECREASES in number of girls dropping out of school

INCREASES in number of girls sitting for the Kenya Certificate of Primary Education exams

IMPROVEMENTS in girls' self-esteem and school performance

SPONTANEOUS DEMONSTRATIONS of support for girls' education:

- Mothers organized themselves to provide guidance to girls
- Parent groups began savings schemes to help girls
- One isolated community built a school so its children could participate in Healthy Futures.

Development of questions and tools helped the WERK researcher document consistent and valuable information.

Healthy Futures experiences varied across communities, although some commonalities existed. Overall, the guidance and counseling activities, parental role models, and comic book were the most successful components of the project. IGAs, however, encountered some difficulties. The following summarizes the results of each of the key components of the project.

GIRLS' CLUBS

The clubs were active in all schools except one in which all teachers were males. The WERK researcher was unable to interview the two male teachers assigned to lead the girls' club. The researcher perceived that this one club was inactive because the male teachers were not interested in running a girls' club.

The level of club activity varied and was largely dependent on the support of school management and teachers' personal dedication to the project. Club meetings ranged from once a week to once every three weeks and usually took place during the time allotted for sports or other school clubs. The meetings lasted an average of 45 minutes and included activities such as discussing topics from *Choose a Future!* curriculum, working on IGAs, developing songs and skits, and listening to presentations by guest speakers.

MYWO stipulated that membership should be voluntary, but a few schools made it mandatory. Management of clubs with mandatory membership was more challenging because of the large number

of members. Each school could decide whether to charge a membership fee and most of them opted to do so. Fees were small enough, 10 to 20 Ksh per year (U.S. \$0.17 to \$0.34), that most girls were able to pay them.

INCOME-GENERATING ACTIVITIES

In Koibatek district, girls' clubs received extensive community support for their cow-raising IGA. Other girls' clubs encountered difficulties managing their IGAs and marketing their product. Both teachers and girls felt profits made from their IGA were small compared to the effort required to operate it. Schools that made a profit used the money to fund school supplies, prizes, or parties for the girls. Many teachers wanted more training in management and marketing skills.

Some girls appreciated the new skills they learned from the IGAs, although others did not like the manual labor involved. In light of the heavy primary school workload, many girls and teachers felt the IGAs required more time than was feasible to expend on this type of extracurricular activity.

CHOOSE A FUTURE! CURRICULUM

Both teachers and girls were enthusiastic about the *Choose a Future!* curriculum and found it useful and informative. Some teachers did not teach certain sessions with which they were uncomfortable (such as sexual anatomy). The heavy primary school course load and time constraints within the school year (which include the suspension of extracurricular activities during exam

periods and vacations) prevented the implementation of all modules from the *Choose a Future!* curriculum.

ADULT ROLE MODELS

Most highly motivated role models, who were accepted by their communities, actively participated in Healthy Futures. Teachers and headmasters who had heavy workloads were less active.

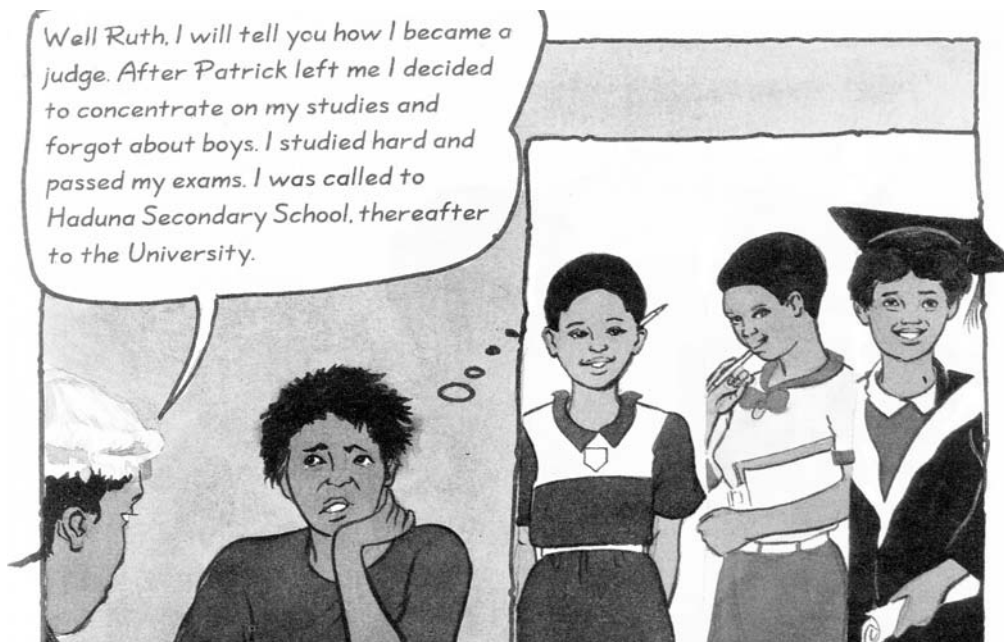
Role models conducted community presentations and provided one-on-one guidance for girls and their parents. In several cases, role models sought out parents of girls who dropped out of school and convinced the parents to have their daughters return to school. Role models believed they effectively changed community perceptions about girls' education in all districts except Kilifi. The field worker and research consultant reasoned that perhaps community perceptions remained the same in Kilifi because Muslims, who are less

supportive of formal education than Christians, comprise a large segment of the population.

The Project Coordinator wanted a longer training period for role models than the short workshop on reproductive health issues they attended prior to beginning their activities. Since most role models had limited education, the Project Coordinator also suggested revising the workshop to simplify the information presented.

KEY TO THE FUTURE COMIC BOOK

The *Key to the Future* comic book was overwhelmingly popular with girls, even in schools where clubs were not very active. Girls in two Bungoma girls' clubs liked the comic book so much they shared it with neighboring schools. Several teachers used the comic book as the basis for essay contests, skits, and discussions. Many girls read the comic book and felt inspired by its messages. Most girls



reported the story helped them to work harder in school, set goals for themselves, and avoid sexual relationships with boys. As illustrated in the following quotes, several girls said they wanted to be like Salome, the main comic book character who grows up to be a judge.

I used to sneak from class because I found class work difficult. After reading Key to the Future, I learned to work hard and now I have changed. I want to be like Salome. (15-year-old, standard 7)

After I got circumcised, a man brought cows to my home as a dowry so that I could marry him. I refused. He said he would wait for me until I finished standard 8. I want to continue to secondary school like Salome. I will not get married soon. (16-year-old, standard 7)

GIRLS' AND PARENTS' PERCEPTIONS

In most communities, girls and their parents were enthusiastic about Healthy Futures and believed it affected the girls in a positive way. The most positive perceptions were in communities with the most active girls' clubs.

Many girls reported an increase in self-esteem, improved achievement in school and hygiene skills, a new desire to control their destiny, stronger resolve to postpone relationships with boys, and an increase in knowledge of reproductive health issues. The following quotes demonstrate these changes:

When I was 11 years old I liked to joke around with boys. But after discussions about relationships between boys and girls, I decided to change. I socialize with boys, but I don't take it too far. I have learned

how to protect myself during my periods after getting advice from the Girls' Club. (15-year-old, standard 6)

I learned to stop having boyfriends so I left my boyfriend and now I have improved in class. Previously I was number 28 in class, but now I was [sic] number 8. (15-year-old, standard 8)

I used to have a good position in lower primary. In standard 6, I dropped so much up to number 20. When I joined the club, I do [sic] not worry about boys again. I have improved to position 1. (13-year-old, standard 7)

Parents were also happy about the clubs' effect on their daughters:

My daughter has improved. She is obedient; she does not have bad company. She has improved from position 60 to position 13. (Bungoma)

I used to be concerned. When I am at my workplace, I can see what happens at home because I am near. My daughter used to talk with men all the time. I did not like it. Since joining the club, I have watched her change. She does not spend a lot of time talking to men. She is more serious and will refuse to be seduced by men. (Nairobi)

I like my daughter being in the club. During the holidays, I do not concern myself much with looking after cows. She has learned to take care of the cows. (Koibatek)

Some girls expressed frustration that Healthy Futures encouraged them to finish primary school, but had no financial support to help them pay for secondary school. This diminished their

enthusiasm and motivation to participate in club activities. Though difficult, MYWO tried to link schools with existing scholarship programs. Subsequently, the Rockefeller Foundation funded a small number of secondary school scholarships for high-achieving girls from Healthy Futures schools.

EXPERIENCES OF FIELD WORKERS

Five field workers launched and monitored activities in 31 communities. Four field workers monitored six communities each, and one field worker monitored seven communities. One field worker per district had other MYWO responsibilities in addition to Healthy Futures. Without help from their supervisors and other MYWO volunteers, field workers could not monitor Healthy Futures activities as closely as needed.

Because the project was unable to purchase vehicles, some field workers used public transportation or borrowed vehicles from district advisory committee members to get to Healthy Futures schools. Large distances between some communities combined with the inconvenience of public transportation limited the number of visits field workers could make to some schools.

Field workers believed that Healthy Futures had a positive impact on the girls and communities, but they felt frustrated about the limited financial assistance available to assist girls with their education.

COSTS OF ACTIVITIES

MYWO implemented the activities of the Healthy Futures project for a relatively small amount of money. The cost for two years was approximately U.S. \$154,000 (see Box III). This amount excludes external technical assistance, salaries of field workers (who were MYWO employees), local overhead, and printing and distribution of the comic book, for which the Australian Agency for International Development and the Rockefeller Foundation paid \$24,000.

III. APPROXIMATE LOCAL PROJECT COSTS (\$U.S.)* FOR TWO YEARS

MYWO personnel	\$ 45,500
Training	\$ 28,500
Transportation	\$ 15,000
Other field costs	\$ 2,800
IGA seed grants	\$ 10,000
Comic book development	\$ 8,000
Festival entry fees/prizes	\$ 1,000
Advisory group meetings	\$ 2,000
Publicity	\$ 5,000
Communications/supplies	\$ 4,200
Monitoring visits	\$ 15,000
Process evaluation	<u>\$ 17,000</u>
TOTAL:	\$154,000

**Excludes field worker salaries, local overhead, comic book printing, and external technical assistance.*

4 Lessons Learned



Healthy Futures used a participatory process to design and implement a multifaceted, community-based approach for reaching primary school girls. The following lessons learned during the first two years of support for the project may help to increase the effectiveness of current activities in girls' education and reproductive health and serve as a foundation to guide the design and implementation of new interventions.

OVERALL PROJECT DESIGN

Solicit and actively maintain community support.

PLA exercises are effective for mobilizing communities initially. To ensure activities identified as solutions remain active over the long term, communities must remain involved in project implementation and monitoring by following up on PLA activities.

Select schools with supportive management and committed teachers.

Schools with headmasters supportive of girls' education and enthusiastic female teachers can help effectively implement project activities and encourage active girls' clubs.

Provide adequate support to field workers.

Community-based interventions, especially with PLA activities included, are time-consuming. Hire additional staff to help field workers or relieve them of some other responsibilities so they can adequately monitor and supervise interventions.

Allow sufficient time for PLA activities.

PLA is an effective but slow process, often with unforeseen delays. Allocate a generous amount of time for implementing activities.

Plan around school vacations and examination periods.

In school-based settings, teachers must set objectives and plan activities around school vacations and exams. This ensures both the availability of everyone involved and the continuity of activities.

Solicit support of a wide variety of gatekeepers.

Obtaining access to communities through chiefs and district officials is an

effective entry point to gain support for the project. It is also beneficial to approach other gatekeepers, such as religious leaders and other influential community members, for their support.

Work with districts in the same region.

For projects with limited transportation resources, work within districts and regions geographically clustered to facilitate monitoring and reduce travel costs. The geographic selection of the project sites must coincide with the need for the intervention.

GIRLS' CLUBS

Exploit the potential of girls' clubs.

Girls' clubs are an effective way to provide girls with information and new skills. The more active the club, the more likely girls will demonstrate positive results. Implement additional types of activities, such as sports and study groups, if time and resources are available.

Realistically evaluate the time available for extracurricular activities.

Teachers and students must evaluate whether they have enough time for extracurricular activities such as girls' clubs, considering demands on their time for work at school and home.

Realistically evaluate the feasibility of income-generating activities.

IGAs require business expertise and a lot of time. If it is not feasible for

teachers and students to implement IGAs, a possible alternative is to establish parental saving schemes to help with school fees.

Provide in-depth training in new curricula for teachers.

Teachers need in-depth training for new curricula they are asked to implement, especially to increase their comfort with teaching sensitive topics. Because it is difficult for teachers to be out of the classroom more than a few days at a time, plan to provide trainings in a series of short workshops.

Provide teachers with easy-to-use materials.

Materials such as comic books are popular with teachers for leading discussions and designing activities around reproductive health issues. When teachers do not have time to implement a full curriculum or are uncomfortable teaching sensitive topics, easy-to-use materials serve as alternative teaching tools. Reprint existing materials when appropriate or have projects develop new material.

Strengthen links with secondary school scholarship programs.

Establish formal links with secondary school scholarship programs or other types of financial assistance so girls have the opportunity to achieve their educational goals.

Find ways to involve boys.

As brothers, boyfriends, and future fathers, boys play an important role in girls' education and reproductive health. Because many boys wanted to participate in Healthy Futures activities in Kenya, it is necessary to explore constructive ways to involve them.

ADULT ROLE MODELS

Capitalize on using community role models.

Encourage and expand the involvement of enthusiastic and active role models. In addition to working with parents, role models can help teachers with girls' clubs activities.

Provide role models with more training and incentives to increase their effectiveness.

Give role models at least one week of initial training in reproductive health information followed by periodic refresher training that includes presen-

tation and basic counseling skills. Other motivational incentives, such as giving formal recognition for their work, can also increase role models' effectiveness.

Ensure role models' time availability.

Role models who are headmasters or teachers may not have enough time to fulfill both teaching and role model duties. Therefore, it is important to realistically evaluate the available time role models have before selecting them to participate in the project.

IN CONCLUSION, the foregoing anecdotal information suggests that Healthy Futures helped to keep young Kenyan girls in school and make communities aware of the importance of girls' education. By investing in the education of girls, projects such as Healthy Futures can help women lead productive lives, support and care for their families, and ultimately improve development in their country.

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